

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of GilaDistrict of Live OakTown of Miami

or

City of _____

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 145County Registrar No. 914

Local Registrar No. _____

No. L-34 Live Oak Hill St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Elay Ellen Hill

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child female
To be answered ONLY
in event of plural
births.

4. Twin, triplet or other _____

6. Legitimate? yes7. Date of birth Nov 13 1926
Month Day Year

5. No., in order of birth _____

8. FATHER

Full name Edward Kent Hill

14. MOTHER

Full maiden name Libby Jane Ashby9. Residence
(Usual place of abode) Miami, Arizona
If non-resident, give place and state.15. Residence
(Usual place of abode) Miami, Arizona
If non-resident, give place and state.10. Color or race
white11. Age at last birthday 22 (Years)16. Color or race
white17. Age at last birthday 21 (Years)12. Birthplace (city or place)
(State or country) Illinois18. Birthplace (city or place)
(State or country) New Mexico13. Occupation miner
Nature of industry Copper19. Occupation Housewife
Nature of industry20. Number of children of this mother
(Taken as of time of birth of child herein
certified and including this child.)(a) Born alive and now living 1
(b) Born alive but now dead 0
(c) Stillborn 021. Were precautions taken against oph-
thalmia neonatorum?
yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9:30 P. on the date above stated
(Born alive or stillborn.){ * When there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.Signature J. J. Miller
(Physician or midwife).Address Miami, ArizonaGiven name added from
a supplemental report.

Month, day, year

Filed Nov 14 1926 Local Registrar.

Registrar

Filed _____, 19____

County Registrar.

683-1113-318